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ABSTRACT

Research on relapse drinking has focused on high-risk drinking situations and strategies for coping with potentially problematic drinking situations among adults. Examination of strategies used by adolescents to resist drinking pressures may help to clarify the developmental process of alcohol consumption. This study examined the coping responses used by adolescents in perceived high-risk drinking situations. Sixty-six adolescents described situations in which it was most difficult to resist drinking. Cognitive and behavioral responses to the perceived high-risk alcohol situations were examined. Abusing and nonabusing adolescents reported similar high-risk drinking situations. The most frequently identified high-risk situations involved direct and indirect pressure from peers. Cognitive and behavioral features of the coping responses employed by adolescents varied significantly as a function of drinking pattern and family history of abuse. Strategies associated with effective coping (not drinking) included defining oneself as a nondrinker, viewing other drinkers negatively, engaging in an alternative activity, and avoiding or limiting direct exposure to the high-risk situations. These findings may give direction to prevention, early intervention, and relapse prevention intervention in the adolescent population. (Author/BL)

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Coping With High-Risk Drinking Situations: Abusing Versus Nonabusing Adolescents

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Abstract

The present study examined the coping responses used by adolescents in perceived high-risk drinking situations. Sixty-six adolescents described situations in which it was most difficult to resist drinking. Cognitive and behavioral responses to the perceived high-risk alcohol situations were examined. Abusing and nonabusing adolescents reported similar high-risk drinking situations. The most frequently identified high risk situations involved direct and indirect pressure from peers. Cognitive and behavioral features of the coping responses employed by adolescents varied significantly as a function of drinking pattern and family history of abuse. Strategies associated with effective coping (not drinking) included defining oneself as a nondrinker, viewing other drinkers negatively, engaging in an alternative activity and avoiding or limiting direct exposure to the high-risk situations. Clinical and research implications are discussed.

The process by which adults cope with drinking pressures has received increasing attention in recent years. A number of studies have examined coping responses in relation to problematic drinking and relapse following alcoholism treatment (Powers and Kutash, 1982; Foster, Horn and Wanburg, 1972). Miller (1976) demonstrated that alcoholics are frequently deficient in assertive response skills. Other investigators (Litman, Eiser, Rawson and Oppenheim, 1979) have reported variable effectiveness of coping responses for specific potential relapse circumstances. Failure to apply appropriate coping responses has been associated with higher levels of alcohol consumption (Cronkite and Moos, 1980; Finney, Moos and Mellon, 1980).

While such studies have highlighted the domain and effectiveness of strategies for coping with high-risk drinking situations among adults, a second line of research has attempted to evaluate the effectiveness of training approaches for the development of coping skills (Chaney, O'Leary and Marlatt, 1978; Jones, Kanfer and Lanyon, 1982; Rosenberg, 1983). Although the relationship between coping skills and repetitive abuse of alcohol has been variously reported, acquisition of coping skills to reduce or stop alcohol consumption has proven difficult in certain alcoholic populations (e.g., Sanchez-Craig and Walker, 1982).

Litman and associates (Litman, Eiser, Rawson & Oppenheim, 1979; Litman, Stapleton, Oppenheim & Peleg, 1983) maintain that in addition to identification potential

relapse precipitants, the preceived effectiveness of coping responses and the perception of self-efficacy mediate alcohol relapse. Thus, even when a variety of coping response options are available to the individual, the perceived relevance and applicability of the strategies may influence coping strategy application (Sanchez-Craig and Walker, 1982). It has been suggested (Litman et al., 1983) that a varied and flexible repertoire of coping skills in conjunction with perceived self-efficacy enables adult alcoholics to cope with a variety of high-risk drinking situations.

While possession of an array of coping strategies seems optimal, recent evidence indicates that individual coping strategies may not be universally applicable (Folkman, Lazarus, Dunkel-Schetter, Delongis & Gruen, in press). Analysis of specific situations in which alcoholics relapse (Marlatt, 1978) has revealed that the majority of individuals having completed an alcohol treatment program resumed drinking in the presence of powerful interpersonal forces. Marlatt and Gordon (1982) have reported that the majority of adult drinking relapse episodes comprise one of two categories: situations in which individuals are frustrated or angered in an interpersonal context or situations in which the individual is confronted by social pressure to drink. Further, the majority of relapse episodes reported by adult alcholics involve attempts to cope with negative emotional states, social pressure and interpersonal conflict (Litman et al., 1979) . Hence, it appears that both exposure to high-risk situations and

utilization of specific coping strategies are of particular importance in understanding the process by which adults cope with alcohol.

Research on relapse drinking has focused on high-risk drinking situations and strategies for coping with potentially problematic drinking situations among adults. Studies of adolescent populations have not yet systematically addressed these factors. Since the onset of drinking typically occurs during early adolescence and is often perceived as an integral part of adolescent development (Jessor & Jessor, 1975), examination of those situations in which drinking takes place and the strategies which adolescents employ to resist drinking pressures may be particularly useful in clarifying the developmental process of alcohol consumption. As Gaines (1982) notes, potential drinking situations are continually encountered throughout adolescent social development. Though other authors (e.g., Jessor & Jessor, 1975; Donovan & Jessor, 1978) have examined factors related to the onset of drinking behavior, few studies have fully considered the role of drinking situations and the process by which adolescents make decisions regarding consumption.

The present study is an initial attempt to examine drinking situations encountered by adolescents and behavioral and cognitive features of coping responses adolescents employ in these situations. Since personal drinking experience and exposure to other's drinking behaviors may influence the coping strategies which are perceived as acceptable, both adolescent drinking habits and

parental drinking habits were considered in the present study. Multiple high-risk drinking situations and responses to the situations were generated by adolescents from three groups: alcohol abusing adolescents, familially at risk nonabusing adolescents, and familially not at risk nonabusing adolescents. Responses were compared across groups and as function of the outcome of the situation (i.e., drinking versus not drinking). Thus, the aim of the present study was to examine adolescent coping responses to their most difficult alcohol related situations and to determine which coping features were associated with successful outcome.

Method

Subjects

Sixty-six adolescents, ranging in age from 12 to 19 (M =16, s.d. = 4.74), participated in the present study. Equivalent numbers of males and females were drawn from three populations: 1) 24 alcohol abusing adolescents were recruited from two inpatient alcohol treatment programs in San Diego, California, 2) 24 nonabusing adolescents were selected from families with a parent in an alcoholism treatment program, and 3) 18 adolescents without a family history of abuse were solicited via newsletters and announcements in the San Diego community. Demographic and drinking history information was available as part of a larger longitudinal project and is presented in Table 1.

Insert Table 1 about here

Adolescents were predominantly Caucasion (90%) and of Protestant (34%) or Catholic (32%) background. Participating families ranged in socioeconomic status from unskilled laborers with less than a high-school education to college educated white collar professionals. The majority of parental figures were married (79%), though a significantly greater proportion of abusing adolescents reported parental divorce or separation (44%) than nonabusing adolescents with an alcoholic parent (0%) or nonabusing adolescents from nonabusing families (13%), $\underline{X}$ (2,N=66) = 13.31, $\underline{p}$<.01. The three adolescent groups were comparable in terms of age ($\underline{M}$ 16.3), $\underline{F}$(2,50) = 2.60, $\underline{p}$=.77, ethnic background, $\underline{X}$(2,N=66) = .168, $\underline{p}$=.92, and frequency of religious attendance, $\underline{X}$(2,N=66) = 20.44, $\underline{p}$=.20. However, a greater percentage of adolescents in treatment reported having lived in more than one family environment (48%) compared to nonabusing adolescents with an alcoholic parent (9%) or without a family history of alcohol abuse (25%), $\underline{X}$(2,N=66) = 8.71, $\underline{p}$=.07.

Adolescents in treatment for alcohol abuse indicated drinking patterns and consequences from drinking which differed significantly from those reported by the two nonabusing adolescent groups (See Table 1). Compared to nonabusing adolescent groups, abusers reported consuming alcohol more frequently, $\underline{F}$(2,47) = 24.88, $\underline{p}$<.0001; in greater quantities per drinking occasion, $\underline{F}$(2,46) = 23.52, $\underline{p}$<.0001; and more in any single drinking episode in the last six months, $\underline{F}$(2,47) = 7.44, $\underline{p}$<.01. Adolescents in treatment also reported more alcohol-related problems including:

blackouts, $F(2,45) = 13.04$, $p<.0001$; alcohol related fights, $F(2,45) = 17.34$, $p\leq.0001$; and alcohol-related legal problems, $F(2,45) = 7.08$, $p<.01$.

As displayed in Table 1, the two nonabusing groups were comparable in terms of quantity and frequency of alcohol consumption, alcohol-related consequences and self-labeled drinking pattern.

Procedure

Adolescents individually participated in a structured interview. Each participant was asked to describe three situations of recent personal experience, where s/he had wanted to resist alcohol consumption and had felt most tempted to drink alcohol. Subjects were queried as to the specifics of the physical and social characteristics of each situation and the cognitive and behavioral features of their attempts to cope with each situation. Three nonabusing adolescents described only two situations.

Responses were recorded verbatim in the interview session. Subsequent to the interview, each response was rated on twelve categories which measured four dimensions: 1) physical and social characteristics of the situation, 2) subject's affective state, 3) cognitive features of the response(s) to the situation, and 4) behavioral aspects of the coping strategies employed. The present study focuses on the cognitive and behavioral strategies used to cope in the identified tempting alcohol situations.

Two psychologists (doctoral and masters level) were trained to code the interview responses. Based on the

preliminary evaluation of 18 protocols, an overall interrater reliability level of .90 was achieved. Follwing the interrater reliability assessment, responses were coded via mutual agreement of the coders. Chi Square and analysis of vaiance procedures were used in the comparison of responses. Given the consistency of the content of the first situational example reported by each subject, coping strategy features were examined for the first drinking situation reported by each adolescent.

Results

High-Risk Drinking Situations

The modal perceived high-risk drinking situations described by adolescents occurred in the evening (80%) at a friend's house (88%). The primary activity in the situation was a party (44%), unfocused social get-together ("just hanging out" or "just sitting around") (24%), or alcohol or drug usage (15%). Drugs other than alcohol were present in 17% of the situations reported by adolescents.

Social chacteristics were consistent across situations. Two or more individuals were present in 96% of the described high-risk situations and were typically "good" or "casual" friends (66%). Adolescents indicated that their companions were older in 27% of the cases, and social pressure to drink was reported in 91% of the situations (61% direct social pressure and 38% indirect social pressure).

Cognitive Features of Coping Strategies

Given the consistency in the physical and social characteristics of the high-risk situations reported, coping responses were analyzed across all situations. Cognitive

and behavioral features of the responses in the identified high-risk situations were first analyzed by adolescent group.

The cognitive features elicited for the first situation are presented in Figure 1. Cognitive strategies were involved in 77% of the adolescent responses to the high-risk drinking situations. The cognitive responses most frequently reported include concern about social or personal reprecussions (i.e., "I was afraid my parents would be mad", "I thought I might get brain damage"), and the adoption of a particular attitude (i.e., viewing oneself as a nondrinker or viewing drinkers negatively).

Insert Figure 1 about here

Comparison of cognitive coping strategies utilized by the three adolescent groups revealed that alcohol abusing adolescents expressed more concern regarding the social reprecussions of alcohol consumption than did their nonabusing peers, $\underline{X}$ $(2,N=66) = 6.75$, $\underline{p}<.05$. Groups also differed in the adoption of a particular cognitive view or perspective, $\underline{X}(2,N=66) = 9.09$, $\underline{p}<.01$. A greater percentage of nonabusing adolescents (39%) stated that they were not drinking in the situation, or viewed other drinkers negatively, than did adolescent alcohol abusers (8%).

Behavioral Features of Coping Strategies

Behavioral strategies most often reported by adolescents in the high-risk drinking situations are

presented in Table 2. The most common behavioral features of adolescent responses include: consuming a limited amount of alcohol, avoiding or leaving the situation, substituting an alternative drug or nonalcoholic beverage, public declaration of "not drinking" and participation in an alternative activity (e.g., dancing, playing games, etc.)

The three adolescent group differed on four of the six behavioral strategies. Most significantly, groups differed in the extent to which they engaged in an alternative activity to drinking alcohol, $\underline{X}^2(2,N=66) = 12.58$, $\underline{p}<.01$. More nonabusers reported avoiding or leaving the situation (31%) and publicly declaring they were not drinking (37%) compared to adolescent abusers (8% and 12%, respectively). In situations in which alcohol was consumed, a significantly greater percentage of nonabusing adolescents (68%) and adolescents with an alcoholic parent (100%) limited the amount they drank, while few of the adolescents in treatment (8%) reported control over their consumption, $\underline{X}(2,N=66) = 12.69$, $\underline{p}<.01$.

Insert Table 2 about here

Discriminating Consumers from Abstainers

With regard to actual alcohol consumption in the high-risk situation, comparable percentages of nonabusing adolescents from nonabusing families (35%) and from abusing families (29%) chose to drink in the reported high-risk situations. A significantly greater percentage of abusing

adolescents (71%) chose to consume alcohol $\underline{X}$ (2,N=66) = 9.48, $\underline{p}<.01$. Only abusing adolescents reported concomitant use of other drugs (29%). Of the 194 situations elicited, 50% involved alcohol consumption and 50% resulted in abstention.

In order to determine which cognitive and behavioral coping strategy variables best discriminate those adolescents who drank in the reported situations from those who abstained, a discriminant function analysis was performed. Since drugs were reported in 17% of the situations, adolescents who used any drug were considered consumers. Given the situation uniformity across examples, all three situations and responses provided by each adolescent were included in the discriminant analysis. Results of the discriminant function analysis are presented in Table 3. The discriminant function extracted, $\underline{F}(4,189) = 35.88$, $\underline{p}<.001$, resulted from successively stepping one cognitive and three behavioral variables into the equation.

Insert Table 3 about here

The composite factor loadings identified adoption of an attitude regarding oneself or others, participation in alternative activities, verbalization that one was not drinking and avoidance of or departure from the situation maximally discriminated consumers from abstainers. Group centroids indicate that individuals displaying nondrinking

behavior achieved higher function scores than those consuming alcohol (.867 and -.867, respectively).

Discussion

The present study examined the cognitive and behavioral features of coping strategies employed by adolescents in situations which they perceived as high-risk for alcohol consumption. Results elucidate adolescent coping responses to drinking pressures, and indicate that adolescent abusers and nonabusers differ in terms of both cognitive and behavioral techniques employed in perceived high-risk drinking situations. In the present study, adolescent abusers in treatment were found to focus on social repercussions such as the potential responses from authority figures when faced with tempting drinking situations. In contrast, nonabusing adolescents from both abusing and nonabusing families were more likely to adopt an attitude whereby they either define themselves as nondrinkers or view other drinkers in a negative fashion.

A number of behavioral differences in coping responses were noted between the abusing and the nonabusing adolescents. In tempting drinking situations, nonabusing adolescents were more likely to engage in an alternative activity. Nonaabusers were also more likely to publicly declare they were not drinking and avoid or leave the high-risk situation than adolescents with a history of alcohol abuse. These three behavioral strategies when accompanied by the adoption of a negative attitude towards drinker status best discriminated adolescents who abstained

from those adolescents who consumed alcohol in the self-reported high-risk drinking situations.

The present study also provides a first attempt to describe the drinking situations which are perceived by adolescents as the most difficult to resist. Consistent with previous classification of adult relapse situations (e.g., Marlatt and Gordon, 1982), the most frequently rated tempting high-risk drinking situations described by adolescents involved interpersonal pressures in a social context. Modal incidents reported occurred in the evening, at another person's home with a party or unstructured activity as the central focus. In the vast majority of these cases, adolescents reported either direct or indirect pressure from peers to consume alcohol. Thus, as with adult situations of potential risk for drinking or relapse following alcoholism treatment (Litman et al., 1979), those that are perceived as most difficult by adolescents involve strong social features and pressures to drink.

The present study provides convergent validation for research in the general adolescent population which has focused on the interaction between alcohol consumption and drug use. In particular, in no situation reported were drugs consumed without alcohol. In the two nonabusing adolescent groups no reports of drug consumption were given whereas 28.7% of the alcohol abusing adolescents also reported consuming drugs in the high-risk drinking situation. While this comprises less than half of the situations in which the adolescent abusers reported drinking, it does suggest that alcohol may serve as a

gateway drug not only for initial experimentation with other drugs, but for drug relapse as well (Mills and Noyes, 1984).

While the present study suggests several trends regarding cognitive and behavioral features of adolescent coping in perceived high-risk drinking situations, conclusions should be drawn with caution. The present study relies solely on self-reports for both high-risk drinking situations and the adolescents' responses to those situations. The veridicality and the reliability of such self-report measures are issues which have not been tested in this population. Additionally, the relatively small sample sizes of the nonabusing and abusing groups do not allow for examination of coping strategy features which may change by age or as a function of more specific drinking patterns. No attempt was made in the present investigation to examine the number of strategies which were employed in a given situation or the diversity of strategies which the adolescents employed when coping with drinking pressures. Thus, the present findings may mask developmental features inherent in adolescent attempts to master high-risk drinking situations. Finally, all drinking risk situations were examined as a composite because of the consistency of the social features inherent in described situations. However, even subtle differences in these high-risk drinking situations may make certain strategies less effective or even inappropriate. Thus, coping strategies may be differentially effective across situations.

Findings of the present study suggest that certain cognitions and behaviors may facilitate adolescent

resistance to drinking pressures. The present study did not differentiate deficiencies in coping abilities from the application of coping skills. However, results suggest that the application of certain behavioral and cognitive strategies may be useful in resisting drinking pressure both in the general adolescent population and in a clinical sample of adolescent alcohol abusers in treatment. Since the strategies described were generated by adolescents and certain responses were found to be effective among adolescents in resisting drinking pressures, these strategies may be more acceptable to adolescents. Thus, findings of the preseent may give direction to prevention, early intervention and relapse prevention intervention efforts in the adolescent population.

Results of the present study also highlight the extent to which alcohol and drug use become overlapping problems within the adolescent abusing population. For example, combined alcohol and drug use and substitution of a drug for alcohol was noted solely among the adolescent abusing population. Thus, situations in which drugs are involved also serve as high-risk situations for alcohol consumption. As has been noted in previous developmental research (Donovan and Jessor, 1978; Jessor, 1982) both prevention and intervention efforts may benefit from viewing adolescent alcohol abuse in the context of general problem behavior. In particular, this perspective maintains that alcohol abuse is but one of several features involving personality, perceived environment and behavioral attributes which place adolescents at risk for a multitude of problems. Thus,

focusing on the alcohol use and/or abuse to the exclusion of other problematic behaviors (e.g., drug use, academic problems, delinquent behavior) may result in less effective prevention and intervention efforts.

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Table 1. Drinking Patterns of Adolescent Groups*

	Nonabusing FHN[a]	Nonabusing FHP[b]	Abusing		Nonabusing FHN[a]	Nonabusing FHP[b]	Abusing
Frequency of Drinking				History of Blackouts			
Less than 4 times per yr.	63	65	5	Never	88	95	24
Up to once mo.	12	15	9	1-4 times	0	5	47
At least wkly.	25	20	41	5-10 times	12	0	10
Almost daily	0	0	45	10 or more	0	0	19
Maximum quantity in last 6 mos.				History of fights while drinking			
None	25	45	0	Never	100	74	19
1-4 drinks	63	30	32	1-4 times	0	26	43
5 drinks-fifth	13	20	55	5 or more	0	0	38
Fifth or more	0	5	14				
Usual quantity consumed				Alcohol related problems with the law			
None	13	55	0	Never	100	84	43
Small amount	50	10	5	1-4 times	0	16	43
Moderate	25	10	0	5 or more	0	0	14
Large	12	25	95				

* Percentage of endorsement by population

[a] No family history of alcoholism

[b] Positive family history of alcoholism

FIGURE 1. COGNITIVE COMPONENTS OF ADOLESCENT STRATEGIES FOR COPING WITH ALCOHOL: PERCENTAGE ENDORSEMENT BY POPULATION

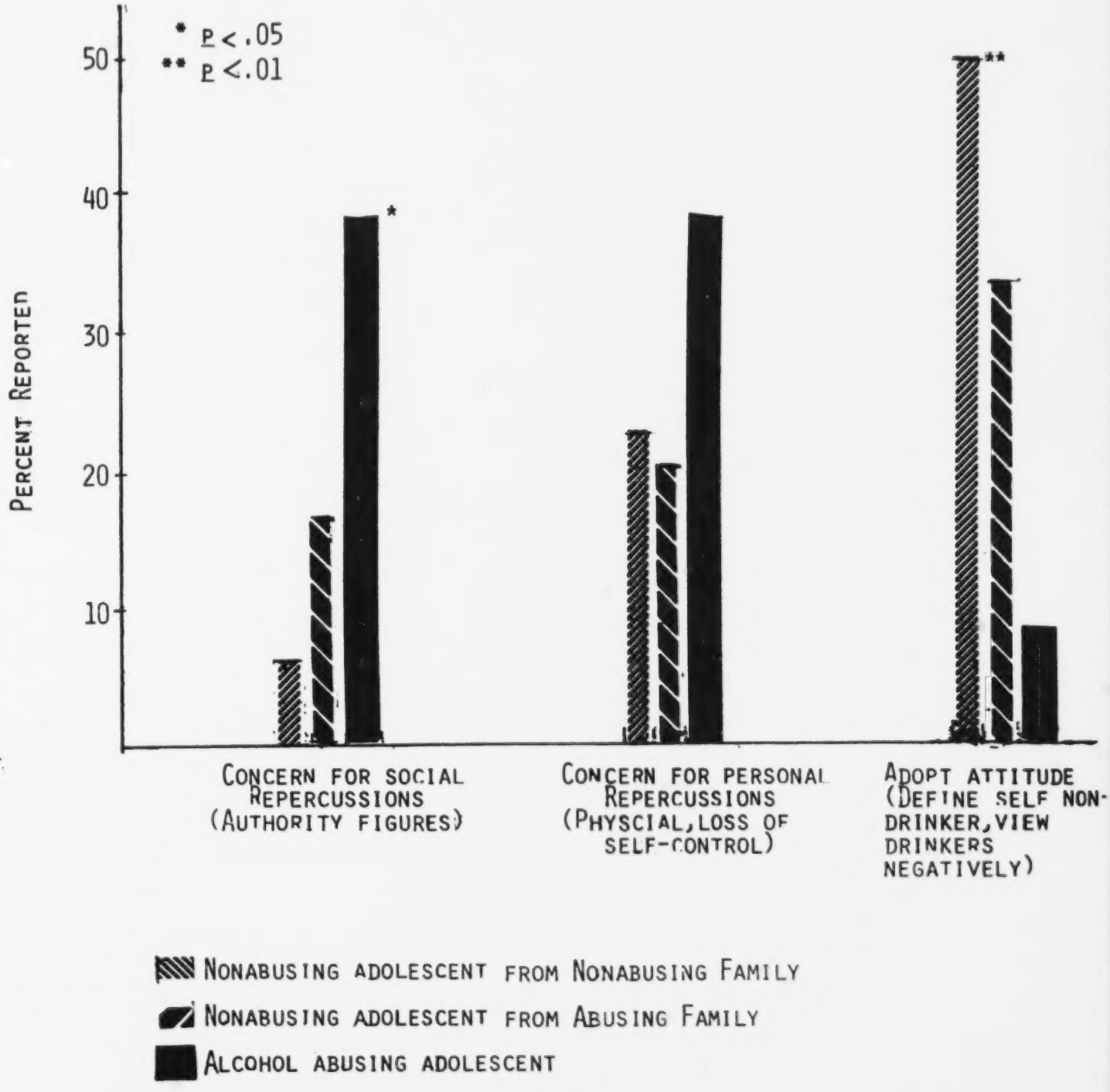

Table 2. Behavioral Components of Strategies for Coping with Alcohol: Percentage Endorsement by Adolescent Group

Behavioral Factors	Nonabusing FHN[a]	Nonabusing FHP[b]	Alcohol Abusing
Drank a limited amount	67.7	100.0	8.3*
Avoided or left situation	33.3	29.2	8.3*
Substituted a drug	0	0	8.3
Substituted non-alcoholic beverage	5.6	8.3	4.2
Declare not drinking or not a drinker	27.8	45.8	12.5*
Engaged in alternative activity	0	33.3	4.2**
Outcome			
Consumed alcohol	35.3	29.2	70.8*
Consumed alcohol & drug	0	0	28.7*

[a] No family history of alcoholism

[b] Positive family history of alcoholism

* Significant at $p<.05$. ** Significant at $p<.01$

Table 3. Discriminant Function Analysis of Adolescent Coping Strategies: Alcohol Consumption Versus Abstinence

Step No.	Variable Entered	F to Enter	Wilk's Lamda	Standardized Discriminant Coefficient
1	Activity of Attitude	43.01	.817	.463*
2	Alternative Activity	36.18	.687	.662*
3	Declare Not Drinking	22.69	.614	.497*
4	Avoidance of Situation	15.05	.568	.426*

* $p<.001$